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**F A X
C O R R E S P O N D E N C E**

ADEPT

ENVIRONMENTAL

SOLUTIONS, Inc.

**1100 South Main Avenue
La Grange, Illinois 60525**

**PHONE (708) 352-9322
FAX (708) 352-9322**

Date: 02/27/93 **PAGES (including this sheet):** (3)

TO: Harry Hartzell
COMPANY: Arrow Gear Co.
FAX Number: (708) 969-0253

Message

Harry - I require the information which has been circled on the

following LUST CHECKLIST to be forwarded to me as soon

as possible. I will also need the DISPOSAL ANALYSIS, copy

of removal permit and any photographs from Mankoff.

With the 45 day report limit coming due, it is important

to have this info and documentation.

Dana

**NOTE: Contact immediately if any pages are illegible
or not received. Phone (708) 352-9322**

LUST CHECKLIST

Project: Arrow Gear

To help initiate the preparation of required reports, drawings, reimbursement applications and other pertinent documentation of your LUST clean-up in accordance with Illinois EPA requirements, please send the following highlighted information as soon as possible to the following address:

ADEPT ENVIRONMENTAL SOLUTIONS, INC.
1100 South Waiola Avenue
La Grange, Illinois 60525

If there are any questions regarding what is needed or if you are having problems locating some of the information, please call Dana Rose at (708) 352-9322.

1. Original CARR Package sent to you after notifying IEMA (formerly ESDA).
2. IESDA Incident number assigned to your site by IEMA (formerly ESDA).
3. Date IEMA (formerly ESDA) was notified of a release.
4. Name & Title of person who notified IEMA (formerly ESDA).
5. Name of Owner & Operator of UST's.
6. Original tank registration forms, removal application & payments.
7. Copy of any previous reports & correspondence regarding UST's.
8. Date UST's were removed.
9. Name, address, contact person & phone of removal contractor.
10. Name of OSFM representative present during UST removal.
11. Names of anyone else present during UST removal.
12. IEPA Waste Generator Number, disposal landfill name & address.
13. Legal description of property.

(Continued)

BRNIE
COULD YOU
SUPPLY #'S
10, 11, 19, 20, 21
I'M DELIVERING
ALL THE INFO. TO
DANA THIS AFTERNOON.
MIKE

UST CHECKLIST
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14. Plat of Survey of property.
15. Any relevant construction design drawings.
16. Statement from your insurance company of any UST pollution coverage.
17. FEIN Number if corporation or SS Number if not corporation. 36-2343766
18. Is business corporation, sole proprietorship, other.
19. Date UST's were installed. (If known) approx - 10-66
20. Date operation of UST's began. (If known) approx - 2-67
21. Date UST's were removed from service. - 1-93
22. Contact person (owner) name & phone.
23. Date you were first aware of a release.

(Adept to acquire)

1. Put 20 day & 45 day report dates on calendar.
2. File for generator I.D. if not done.
3. Order notifications & fee payment from OSFM.
4. Order water well records.
5. Order 7.5 minute quadrangle topo map.
6. Question contractor on tank condition.
7. Have contractor complete portions of 45 day report.
8. Photographs